



State of New Hampshire 2013 ANNUAL REPORT

The following information shall be given as of January 1
preceeding the due date Pursuant to RSA 304-C:80.

REPORT DUE BY April 1, 2013

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE
WILL BE ASSESSED A LATE FEE.

Filed

Date Filed: 03/18/2013

Business ID: 625355

William M. Gardner

Secretary of State

OPUS ADVISORS LLC

454 COURT STREET

PORTSMOUTH, NH 03801

ADDRESS OF PRINCIPAL OFFICE:

454 COURT STREET

PORTSMOUTH, NH 03801

REGISTERED AGENT AND OFFICE:

BOSEN, JOHN K, ESQ

1 NEW HAMPSHIRE AVENUE S215

PORTSMOUTH, NH 03801

ENTITY TYPE: LLC

BUSINESS ID: 625355

STATE OF DOMICILE: NEW HAMPSHIRE

CONSULTING SERVICES TO NON PROFIT ENTITIES

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☐

The new mailing address

☐

The new principal office address

PO Box is acceptable.

MANAGERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT

MANA. James K Forbes

STREET 698 State Street

CITY/STATE/ZIP Portsmouth Nh 03801

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAMES AND ADDRESSES OF ADDITIONAL MANAGERS/MEMBERS ARE ATTACHED

MEMBERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

MUST LIST AT LEAST ONE MEMBER BELOW IF NO MANAGERS

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

To be signed by the manager, if no manager, must be signed by a member.

I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here:

James K Forbes

Please print name and title of signer:

James K Forbes

/

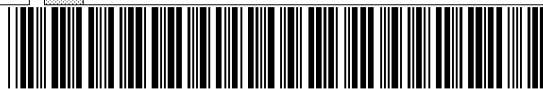
MANAGER

NAME

TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL):



062535520131003

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PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

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RETURN COMPLETED REPORT AND PAYMENT TO:

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